



# Kansas Department of Health and Environment

## Long Term Care Program

# FACT SHEET

Volume 20, Number 3

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July 1999

### ***In this issue....***

- T ***Federal Survey Process***
- T ***Enforcement Process***
- T ***New Regulation Interpretations***
- T ***Admission Agreements***
- T ***Resident Neglect Workgroup***
- T ***Facility Change Request Forms***
- T ***Change in Submission Process for MDS***
- T ***Health Occupations Credentialing***
- T ***Resources for Quality Care***

PLEASE ROUTE THIS *Fact Sheet* TO NURSING STAFF AND OTHER INTERESTED PARTIES IN YOUR FACILITY. THIS PUBLICATION MAY BE COPIED OR ACCESSED THROUGH THE INTERNET ADDRESS ABOVE.

The Long Term Care Program *Fact Sheet* is a newsletter published by the Kansas Department of Health and Environment and sent quarterly to all nursing facilities, long term care units in hospitals, critical access hospitals, intermediate care facilities for the mentally retarded and nursing facilities for mental health. This newsletter provides important up-to-date information concerning the nursing facility industry.

## **FEDERAL SURVEY PROCESS AMENDED**

In response to the President's nursing home initiative, the Health Care Financing Administration has amended the long term care survey process for Medicare/Medicaid certified long term care facilities. A revised *State Operations Manual* has been written and will be published in a final version sometime later this summer. KDHE will provide training for Medicare/ Medicaid certified nursing facilities on September 3, 1999. Information concerning the workshops and enrollment can be found in a brochure included with this issue of the *Fact Sheet*. Enrollment will be limited to two persons per facility. There will be no cost to attendees. Enrollment will be accepted on a first enrollment basis, therefore facilities are encouraged to enroll early.

The following is a summary of the proposed changes in the survey process which will directly affect certified nursing facilities and certified long term care units in hospitals.

### ***Quality Indicators***

Facility quality indicator reports will be available on or after June 28. Certified nursing facilities should check the MDS Welcome page for instructions on how to download the Q. I. reports for their facility. A quality indicator manual for use by nursing facilities will be available in July on the MDS Welcome Page.

The *Fact Sheet* is published by the Kansas Department of Health and Environment.

Bill Graves, Governor  
Clyde Graeber, Secretary  
Bureau of Health Facility Regulation  
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Landon State Office Building  
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Prior to the entrance conference, surveyors will review quality indicator reports based on MDS information submitted by the facility. There will be three reports generated by the system. The first report, Facility Characteristics contains the following general information concerning residents.

1. Gender
2. Age
3. Payment Source
4. Presence of mental illness or mental retardation
5. Types of assessments in the report
6. Stability of conditions
7. Discharge potential

All of the above information will be based on the data submitted by facilities through the MDS reporting system.

The second report is the Facility Quality Indicator Profile. This report indicates how many residents meet the definitions for each of the twenty four quality indicators. The facility percentage for each indicator will be compared with all facilities reporting in Kansas. Admission assessments will not be included in the calculation of the Facility Quality Indicator Profile. A resident level summary will list all residents currently in the MDS system at the time of the report. This report will include initial assessments. Assessments performed solely for the Medicare payment system will not be included in the quality indicator reports.

Surveyors will use the quality indicator reports to identify areas of concerns which warrant further investigation during the survey. The resident level summary report will be used to preselect residents for the phase I sample. The administrator will be provided a copy of the quality indicator reports used by the surveyors. If there are discrepancies in the QI Facility Characteristics report, the administrator will be asked to explain the discrepancies.

During the resident review process, surveyors will check for accuracy of the quality indicators. They will match the flagged MDS items on the report against information in the clinical record to verify that the MDS was accurate and reflected the resident's condition during the assessment period. Staff, residents and families may be interviewed to verify clinical information.

### *Entrance Conference*

The revised survey process requires that state agencies begin at least ten percent of surveys during other than usual business hours. Surveyors may start a survey during early morning, the evening or night shift, or on a weekend. Staff need to be prepared for this eventuality. Surveyors will not wait to start the tour until the administrator is present. Facility staff need to know what to do when surveyors enter the building. Surveyors will make allowances for unavailability of some information until administrative staff are present. Surveyors will take into consideration the activities of the residents (e.g. sleep, religious services) and types and numbers of staff on duty at entry. The entrance conference will be delayed until administrative staff are available.

The following are new items which surveyors will request at the entrance conference.

1. A copy of the work schedule for licensed nurses for the current pay period. This information should be available by the end of the tour.
2. Copies of all menus including therapeutic menus to be served during the survey.
3. A list of admissions during the past month, and a list of residents transferred or discharged during the past 3 months with destinations.
4. A copy of the facility admission contract(s) for all residents including Medicare, Medicaid and other payment sources.

5. A copy of the facility's policies and procedures to prohibit and investigate allegations of abuse, and the name of a person the administrator designates to answer questions about what the facility does to prevent abuse.
6. The current activity calender.
7. The HCFA form 802 has been amended to reflect the quality indicators. Current MDS software will not be capable of producing the revised HCFA 802. HCFA has provided software vendors with the information necessary to amend software programs. Surveyors will not accept HCFA 802 forms prior to update of the facility's software.
8. Identify residents who were admitted within the previous 14 days.

#### *Initial Tour*

Administrator or designee will be asked to identify the licensed nurses on duty at the time of the tour. The initial tour will include a brief initial observation of the kitchen. Increased focus on the initial tour will be evaluation of the impact of the physical environment on residents.

#### *Sample Selection*

The sample selection process has been revised to reflect the use of quality indicator reports as tools for selection of Phase I residents. Pre-selected residents will be reviewed on the tour to determine their appropriateness. Newly admitted residents will be considered for inclusion in the sample. Surveyors will continue to use their judgment in selecting the most appropriate residents for the Phase I sample.

#### *Information Gathering*

A specific section for an abuse prohibition review has been added. Surveyors will determine whether the facility has developed and operationalized policies and procedures designed to protect residents from abuse, neglect, involuntary seclusion, and misappropriation of their property. The facility will need to provide information on hiring practices, training and ongoing supervision for employees and volunteers who provide services to residents, and the reporting and investigation of allegations and occurrences that may indicate abuse.

#### *Task 5B - Kitchen/Food Service Observation*

The kitchen observation task has been revised and is more detailed. In addition to the HCFA - 804 Kitchen/Food Service Observation work sheet, surveyors will evaluate the following:

- The availability of food in relation to the number of residents.
- Recipes available and consistent with the menu and followed by employees.
- Appropriate equipment available and used to prepare and serve foods.
- Food held for more than thirty minutes prior to food service, e.g., in the steam table, oven, refrigerator rather than freezer for frozen foods, etc.
- Cooked leftovers used during food preparation stored and used within the appropriate time frames and reheated to at least 165 degrees F.

#### *Task 5C Adverse Drug Reactions*

Surveyors will be reviewing the drug regimens of residents to identify drugs with the high potential for severe adverse drug reactions. The training materials provided by HCFA to survey agencies on this issue have been provided to the associations and the Kansas Pharmacy Association. The protocol was based on research performed by Mark H. Beers, MD. The following is information concerning the article published by Dr. Beers in 1997. It would be appropriate for copies of this

article be provided to the medical director and pharmacy consultant.

Beers, M. (1997). "Explicit criteria for determining potentially inappropriate medication use by the elderly. *Archives of Internal Medicine*, vol. 157, July, 28, 1997: pp 1531-1536.

Investigative protocols have been developed by HCFA . The protocols cover pressure ulcers, hydration, unintended weight loss, and dining and food service. The focus of the protocols is the adequacy and accuracy of assessments, care planning which meet standards of practice and consistent implementation of the care plan by staff. A protocol to investigate nursing services/sufficient staffing will be used when surveyors have identified concerns/problems which may be the result of insufficient nursing staffing.

A specific protocol has also been developed related to prevention and reporting of abuse. All staff must be knowledgeable of the facilities' policies and procedures related to prevention and reporting of abuse. Policies and procedures will be reviewed and various staff members will be interviewed.

The *Guidance to Surveyors* has been amended for selected F tags. The following is a summary of the changes.

F233 Abuse

F224 Deficiencies related to neglect and misappropriation of resident property

F226 Development and implementation of policies and procedures to prevent abuse, neglect and exploitation

F225 Employment of persons who have committed abuse, neglect and exploitation

F329 Antipsychotics - two new drugs added - Zyprexa and Serpquel

The section on unnecessary drugs has been greatly expanded related to adverse drug reactions.

F331 Monitoring of adverse drug reactions

F332 & 333 Medication errors

F429 Drug regimen review

## Enforcement Process Changes

Changes in the Federal enforcement process were proposed in the draft *State Operations Manual* dated May 5, 1999. The changes will not be implemented until a final *State Operations Manual* is issued later this summer. Below are some of the proposed changes in the enforcement process. A full discussion of the enforcement changes will be addressed at the provider training sessions offered by the bureau. In addition, new regulations related to the possible imposition of civil monetary penalties on a "per instance" basis were published in the March 18, 1999 *Federal Register*. These regulations became effective May 17, 1999.

1. Date Certain replaced by "date of compliance". Facilities which have the opportunity to correct will need to identify in their plan of correction the date the facility will be in substantial compliance with the regulations.
2. Facilities who are not provided an opportunity to correct cannot avoid an alternative remedy by subsequent correction of the deficiencies. The term "poor performing facility" will be eliminated.
3. The first two criteria currently required for plans of corrections will be deleted. Facilities will no longer be required to detail how the facility will correct the deficiency as it relates to individuals identified in the deficient practice statement or how the facility will protect residents in similar situations. Facilities will continue to be required to include the measures it will take or systems it will alter to ensure that the problem does not recur and how it plans to monitor its own performance. This revision places more emphasis on the facility's quality assessment and assurance program. Facilities will provide dates when corrective action will be completed.
4. The requirement of an "allegation of compliance" in a separate document will be eliminated. The POC will serve as the facility's allegation of compliance.
5. Letters which the survey agency is required to send to facilities will be simplified and the number of letters reduced, combined or deleted.

6. "Per instance" civil monetary penalties become a second option within the already existing enforcement structure. The regulation does not allow for the use of both "per instance" and "per day" penalty during the same survey.

## New Regulation Interpretations

### *Change in Resident Capacity*

In 1993, the adult care home licensure regulations were amended. The previous regulation spoke to changing the number of beds in a facility. The regulations were amended to reflect a change in the number of residents the facility was licensed to have in the facility at any one time. Often the requests for changes in resident capacity from facilities contain language requesting that the bureau "delicense" and/or "decertify" specific resident bedrooms. If staff have any questions related to the increasing and decreasing resident capacity, please contact Patricia Maben or Walt Flowers at 785-296-3362.

### *Resident Fund Accounts*

This interpretation discusses the use of a petty cash account for funds deposited with a nursing facility. Copies of the above regulation interpretations, along with a revised Table of Contents are attached to this *Fact Sheet*.

## Admission Agreements in Adult Care Homes

Kansas regulations found in KAR 28-39-148(i)(4) states that "An admission agreement shall not include a general waiver of liability for health and safety of residents. Admission agreements are reviewed during the survey process. It has been reported that a number of admission agreements contain language which states that the facility is not responsible for the health and/or safety of residents. It is recommended that administrative staff review admission agreements and ensure that the agreements meet the requirements stated in KAR 28-39-148(i).

## Prevention and Reporting of Resident Neglect Work Group

The bureau has established a work group to develop a guideline for the prevention and reporting of neglect. The process used to develop the elopement prevention and reporting guideline will be followed. The work group includes three adult care home administrators, three directors of nursing, a representative from the Medicaid Fraud Control Office of the Attorney General, the state Long Term Care Ombudsman and the Complaint Coordinator for the bureau. Patricia Maben chairs the group. The first meeting was held on June 9. Two to three more meetings are planned with the intent of publishing the guideline in the October *Fact Sheet*.

## Change in the Submission Process for the MDS

In the next few weeks all Medicare/Medicaid certified nursing facilities will receive a packet from the Health Care Financing Administration concerning a change in the method for accessing the HCFA state data base. Sometime after October 1, 1999, Kansas certified facilities will dial a local or 800 number to connect with IBM Global Network. After submitting the required facility Identification and individual user identification number, the IBM system will connect the facility with the HCFA system at Myers and Stauffer. It is very important that facility staff read the material, complete the required forms and submit the information to IBM Global in a timely manner. Facilities will continue to use Netscape or another web browser to prepare documents for transmission. Additional information will be available on the MDS Welcome Page.

## Facility Change Request Forms

To assist facilities in requesting changes in resident capacity, change in the use of required room and increase or decrease in the number of Medicare certified beds, the bureau has developed forms to facilitate the process. After July 1, 1999, the bureau will only honor requests submitted on the appropriate forms. The forms to be used to request the above changes are attached to this issue of the *Fact Sheet*. It is recommended that facilities make copies of the forms and keep the originals in a safe place. The forms will be available with the July 99 *Fact Sheet* on the Internet.

The Health Care Financing Administration notified the states that there are plans to limit changes in the number of Medicare certified beds in distinct part units. Skilled nursing facilities will only be able to make these changes at the beginning of their annual accounting period and only with an 120 day notice. As of the date of publication of the *Fact Sheet* the bureau has not received official written information concerning this change in policy.

## Occupational Therapy Assistants and Physical Therapy Assistants

The statutes and regulations governing the practice of Occupational Therapy Assistants (OTA) and Physical Therapy Assistants (PTA) require supervision by an Occupational Therapist or a Physical Therapist. It has been reported that OTA's or PTA's have been employed by nursing facilities to provide restorative care to residents without the required supervision. These individuals are not in compliance with the regulations which govern their practice and are therefore considered to be unlicensed direct care staff. Unlicensed direct care staff must complete the nurse aide course and be supervised by a licensed nurse. A number of nursing facilities have assisted OTAs and PTAs in obtaining a nurse aide certificate and report these individuals provide high quality restorative services to their residents.

## Concentrated Sweets Diet

A No Concentrated Sweets diet is not the same as a Regular, Limited Concentrated Sweets diet. We have received a number of calls about the *Fact Sheet* article concerning the 1994 recommendations for Nutritional Care of persons with diabetes. As the article stated a no concentrated sweets diet gives the wrong impression that sugar and sweets are the major problem for persons with diabetes.

A Registered Dietitian's assessment of a resident's blood glucose and blood lipids are necessary to determine the appropriate food and nutrition needs for each resident with diabetes. A regular diet planned with a normal distribution of carbohydrate, protein, and fat at each meal and limited concentrated sweets is appropriate for many residents with diabetes.

## Health Occupations Credentialing

*Preceptor Guidelines* - Health Occupations Credentialing has developed a guideline for preceptors for persons preparing to be adult care home administrators. The Guidelines were developed in collaboration with administrators, preceptors, and students and were approved by the Board of Adult Care Home Administrators at the December 1998 meeting. A copy of the guidelines may be obtained by calling the HOC office at 785-296-0056.

*State and National Examinations - Adult Care Home Administrators* - The state adult care home administrators examination is currently given on request in the department or quarterly in conjunction with the national nursing home administrators examination. Beginning on January 1, 2000, the national examination will be administered via computer-based testing at four locations in Kansas: Kansas City, Topeka, Wichita and Hays. Candidates will initiate scheduling for the exam and will test individually in one of the four locations.

Also effective January 1, 2000, the state examination will be mailed to the candidate for completion. The candidate will have 12 days to complete the examination and must sign an attestation affirming that he/she has completed the examination without assistance from any other person or entity. The candidate will return the completed examination to HOC for scoring.

*Out of State CNAs* - A CNA from another state must be scheduled to take the Kansas certification test *before* he or she is eligible to be employed as a nurse aide trainee II. Please advise any prospective out-of-state certified nurse aides to contact HOC for the appropriate forms, 785-296-0056. The fee is \$10, and a letter is sent directly to the applicant advising him or her of the test date, time and location. This letter should be made available for the prospective employer to copy and retain in the applicant's employment record to assure regulatory compliance. Employers are not in compliance with regulations if this document is not available. *Performing a skills competency checklist does not meet the requirement.*

*Nurse Aide Trainee II (NAT II)* - Individuals who are seeking employment while in a nurse aide training and competency evaluation program are allowed *one four-month* "trainee II" period. The four-month period begins with the start-date of the course. If the individual retakes the course or does not successfully complete the required state test before the conclusion of the four-month trainee II period, he or she is not allowed to continue employment as a trainee. [Reference: 42 Code of Federal Regulations 483.75(e)(2) and Kansas Administrative Rules and Regulations 28-39-165(c)(2)].

**Skills Competency Checklist for Employment - Verification** - This checklist is used for Kansas certified nurse aides who have not been employed or who have not been verified to the Kansas Nurse Aide Registry (KNAR) for employment in twenty-four consecutive months. These CNAs are not eligible for employment under federal and state regulations until this information is confirmed on the KNAR. HOC receives more than 20,000 names once a year from employers. These verification “lists” require data entry staff to enter new employment dates on each individual’s record. If an employer calls the KNAR and a CNA’s record shows a lapse of 24 months, then the CNA may submit a notarized employment verification from an employer validating employment during that period of time, or the potential employer may ask the CNA to undergo a performance review to determine competency on the required skills.

There have been two skills competency checklists developed for two different purposes. The 40-Hour skills competency checklist is used to test initial competency after completion of the first 40 hours of instruction of a CNA training course. The skills competency checklist for employment verification is used to update employment information for CNAs who have not provided nursing or nursing-related services in 24 consecutive months. Therefore, the 40-Hour checklist is not appropriate for employment verification.

HOC has had reports that some employers are requiring 40-hours of ‘free’ service from the CNA in return for completion of the skills checklist. This is *inappropriate* and could constitute violation in employment law as well as facility regulations. The skills competency checklist requires that the individual successfully perform the skills described on the checklist for observation in a matter of a few hours (items 1-4 are primarily discussion, items 5-22 are basic nursing care demonstrations). Once the RN has observed all the skills successfully demonstrated, the form is signed, notarized and mailed directly to HOC. Any questions on the skills checklist should be addressed to Martha Ryan or Betty Domer.

A facility that is under the NATCEP ban is prohibited from sponsoring nurse aide courses. However, this ban does not prohibit the facility from sponsoring the medication aide update course. No waivers are required for medication aide update courses.

**Annual Employment Verifications** - HOC has completed data entry for all of the annual employment verifications we have received. Thank you for keeping the Kansas Nurse Aides in active status by submitting annual employment verifications. Many facilities have not submitted an annual employment verification for the CNAs that worked for them in 1998. The annual employment verification is the way we keep the registry updated on CNAs. Effective January 1, 1999, 2,430 CNAs became inactive. Effective July 1, 1999 there will be an additional 4,194 CNAs who will become inactive, for a total of 6,524 inactive CNAs. The annual employment verifications should include all CNAs that were employed at the nursing facility during 1998, not just CNAs currently employed.

Many facilities were sent a second notice letter because the facility had more than one facility ID (class) attached to the facility. Each facility should submit an annual employment verification for each class, such as hospital, long-term care unit and home health agency, even though facilities maybe affiliated or owned by the same person or corporation. An aide may need to be listed on more than one employment verification list in order to comply with required recordkeeping for facility survey purposes.

**HOC Web Page** - HOC is taking steps to make itself and its data more accessible to the public by maintaining a web page on the Internet. The address is: [www.kdhe.state.ks.us/hoc](http://www.kdhe.state.ks.us/hoc). The home page is still in its infancy stage, but it is slowly growing. Some items currently available are: certification test schedule, certification course schedule, list of prohibited offenses under the Criminal Background Check (CBC) program, past *Information Updates*, CNA employment verification Q&A, and CBC Q&A. Please contact HOC at (785) 296-0056 for new forms for records searches, application for allied health or interstate nurse aide approval, rescheduling forms for the nurse aide or home health aide test, identification slips, etc. Or, you may access the most current forms through the HOC web page.

If you have any questions, comments or what you are looking for is not currently on our web site, please e-mail [kpelton@kdhe.state.ks.us](mailto:kpelton@kdhe.state.ks.us). Your input will make our web page helpful and informative for everyone.

## Resources for Quality Care

- *Alzheimer’s Disease: Activity-Focused Care*, 2<sup>nd</sup> Edition, by Carly R. Hellen, OTR/L, Butterworth Heinemann, Woburn, MA. Ms. Hellen was a presenter at two joint workshops for providers and survey staff on June 15 and 16. Her book includes many of the issues she discussed during the workshops. Ms. Hellen

describes a number of processes which she has found to be successful in providing care to persons with dementia. Further information can be obtained by calling 1-800-366-2500.

The Kansas Health and Environmental and Information Library catalog is included on the KDHE website. Information on how to order videos and educational material is available as well as a listing of the library's holdings. The video *Everyone Wins* which was used by Carly Hellen during her presentation on prevention of elopement is available from the library. The only cost to a facility is the return postage. The website can be reached at <http://www.kdhe.state.ks.us/library/>. Facilities with E mail capability can order via the internet.

HCFA's National Restraint Reduction Newsletter provides pertinent information to facilities concerning the use of restraints. The most recent newsletter discusses problems and issues surrounding the use of side rails. The newsletter is available at <http://www.hcfa.gov/pubforms/rrwin99.htm>.

- *Dehydration: The Silent Symptom*

This video was developed by the Texas Nurses Foundation. The information is specific to long term care facilities. The video is accompanied by a workbook which can be used to educate direct care staff about the subtle signs and symptoms which older adults exhibit when they become dehydrated. Contact Granstrom Communications Group, Inc. at 2405 Bristol Place, Carson City, NV 89703 for further information. (702) 884-3666, FAX: (702) 884-3933

*Sharing Innovations in Quality* is a website maintained by HCFA to share innovative care practices. Facilities with effective innovative practices are encouraged to submit information for posting on the site. All nursing facilities are encouraged to check the site for care practices which improve quality of care for residents. [www.hcfa.gov/medicaid/siq/siqhmpg.htm](http://www.hcfa.gov/medicaid/siq/siqhmpg.htm).

- *FLUID MAINTENANCE/PREVENTION OF DEHYDRATION Medical Nutrition Therapy Protocol*

Dehydration and malnutrition in long term care facilities were identified as problems at the 1997 Senate hearings. The etiologies of both conditions are multifaceted and range from lack or inattention of staff in providing food and fluids to clinical problems in chewing, swallowing and absorbing food and fluids. The elderly also experience decreased taste, thirst, and functionality, which affects the ability to self-hydrate. Dehydration of as little as 2% loss of body weight results in impaired physiological and performance responses. This article includes tools for evaluation of dehydration and malnutrition. The tools were developed in coordination with HCFA . American Dietetic Association Long-Term Care Task Force (1999), *Journal of The American Dietetic Association*, May 1999, 605-611

- *Dining Skills Manual: Practical interventions for the Care givers of the Eating Disabled Older Adult. (2nd Edition) and Supplement*

This manual provides specific intervention which facilities can use to enhance the eating experience for residents. These two excellent publications were used as resources for recent training provided to Survey staff. The publications are also referenced at the HCFA web site.

- *A practitioner's guide to meeting the vitamin B-12 RDA for older adults*

In response to research findings that 10 percent to 30 percent of people aged 51 years and older may have protein-bound vitamin B-12 malabsorption , the National Academy of Sciences' Institute of Medicine recommends that these people consume a majority of the new Recommended Dietary Allowance (RDA) in its synthetic form rather than its natural food form. Failure to recognize and treat neurologic disorders that result from vitamin B-12 deficiency will lead to irreversible damage, so early intervention is imperative. Synthetic vitamin B-12 can be obtained from a variety of fortified foods including fortified cereals. *Journal of the American Dietetic Association*, June 1999, 725-727.

## Public Hearing on Proposed and Amended ACH Regulations

The Bureau of Health Facility Regulation will hold a public hearing on Thursday, July 29, 1999 at 10:00 a.m. in Room 106 of the Landon State Office Building. The public is invited to provide written and/or oral testimony regarding the proposed changes to the adult care home regulations. For copies of the proposed regulations, please contact Patricia Maben,



(785) 296-3362.

**ANE ISSUE STATISTICS 3/1/99 to 5/31/99**  
**Complaint Calls Assigned for Investigation**

ANE Investigations

Total 477

March 167

April 148

Care Issues Investigated

Total 376

March 123

April 133

| *Licensure Category                                      | Civil Penalties |                 |                 |                 | Correction Orders |                 |                 |                 |
|--|-----------------|-----------------|-----------------|-----------------|-------------------|-----------------|-----------------|-----------------|
|  | 1999 Quarters   |                 |                 |                 |                   |                 |                 |                 |
|  | 1 <sup>st</sup> | 2 <sup>nd</sup> | 3 <sup>rd</sup> | 4 <sup>th</sup> | 1 <sup>st</sup>   | 2 <sup>nd</sup> | 3 <sup>rd</sup> | 4 <sup>th</sup> |
| Inadequate or inappropriate hygiene and skin care        | 3               |                 |                 |                 | 40                |                 |                 |                 |
| Inadequate or unqualified staffing                       | 5               |                 |                 |                 | 29                |                 |                 |                 |
| Inoperable or inaccessible call system                   | -               |                 |                 |                 | 1                 |                 |                 |                 |
| Inappropriate or unauthorized use of restraints          | -               |                 |                 |                 | 2                 |                 |                 |                 |
| Unsafe medication administration or storage              | -               |                 |                 |                 | 2                 |                 |                 |                 |
| Inadequate nursing services other skin care              | 4               |                 |                 |                 | 52                |                 |                 |                 |
| Inadequate or inappropriate asepsis technique            | -               |                 |                 |                 | 1                 |                 |                 |                 |
| Inadequate or inappropriate dietary/nutritional services | -               |                 |                 |                 | 16                |                 |                 |                 |
| Unsafe storage or hazardous or toxic substances          | -               |                 |                 |                 | 0                 |                 |                 |                 |
| Failure to maintain equipment                            | -               |                 |                 |                 | 7                 |                 |                 |                 |
| Resident right violations                                | -               |                 |                 |                 | 13                |                 |                 |                 |
| Unsafe high water temperature                            | -               |                 |                 |                 | 0                 |                 |                 |                 |
| Inadequate hot water                                     | -               |                 |                 |                 | 0                 |                 |                 |                 |
| General sanitation and safety                            | -               |                 |                 |                 | 6                 |                 |                 |                 |
| Other (including inappropriate admission)                | -               |                 |                 |                 | 0                 |                 |                 |                 |
| Inadequate rehabilitation services                       | -               |                 |                 |                 | 9                 |                 |                 |                 |
| <b>Civil Penalties</b>                                   | <b>6</b>        |                 |                 |                 |                   |                 |                 |                 |
| <b>Correction Orders</b>                                 |                 |                 |                 |                 | <b>63</b>         |                 |                 |                 |
| <b>Bans on Admission</b>                                 | <b>0</b>        |                 |                 |                 |                   |                 |                 |                 |
| <b>Denials</b>   | <b>0</b>        |                 |                 |                 |                   |                 |                 |                 |

\*A correction order or civil penalty may consist of multiple issues summarized within the licensure categories above.

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
BUREAU OF HEALTH FACILITY REGULATION  
LICENSURE PROGRAM

## REQUEST FOR CHANGE IN USE OF REQUIRED ROOM

|   |             |
|---|-------------|
| FACILITY (Name & Address)   | License No. |
| Licensure of facility or section of facility in which a change in resident capacity is being requested:<br><br>"    Nursing Facility                      "    Home Plus<br>"    Assisted Living Facility              "    Adult Day Care<br>"    Residential Health Care Facility      "    Boarding Care |             |
| Current use of room(s) or area(s):<br><br>  |             |
| Proposed change in use of room(s) or area(s):<br><br>   |             |
| NOTE: If a resident bedroom has been approved for another use and the above request is to use the room again as a resident bedroom, indicate the status of the resident call system and privacy curtains.   |             |
| Please attach a simple floor plan showing the location of the above rooms or areas.   |             |
| SUBMITTED BY: (Name and Title)  | DATE:       |
| <b>TO BE COMPLETED BY LICENSURE STAFF</b>   |             |
| Approved: _____ Date: _____   |             |
| c:   Facility Facility File      KDHE Regional Manager  |             |

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
BUREAU OF HEALTH FACILITY REGULATION  
LICENSURE PROGRAM

## REQUEST FOR CHANGE IN RESIDENT CAPACITY

|   |                  |
|---|------------------|
| FACILITY (Name & Address)   | License No.      |
| Licensure of facility or section of facility in which a change in resident capacity is being requested:   |                  |
| " Nursing Facility  | " Home Plus      |
| " Assisted Living Facility  | " Adult Day Care |
| " Residential Health Care Facility  | " Boarding Care  |
| Indicate in the section below the change in resident capacity being requested:  |                  |
| " <b>INCREASE</b> from _____ residents to _____ residents.  |                  |
| " <b>DECREASE</b> from _____ residents to _____ residents.  |                  |
| <p>Changes in resident capacity can be requested no more frequently than once a month. Requests for change in resident capacity must be received by the bureau at least two working days before the end of the month to be effective the first day of the following month. Kansas statutes require that the number of residents for which the facility is licensed to provide care appear on the license. A new license will be mailed to the facility as soon as it has been signed by the Department and the Fire Marshal's office.</p> <p>Fee: \$50.00 plus \$15.00 per resident - <b>increase or decrease</b></p> |                  |
| SUBMITTED BY: (Name and Title)  | DATE:            |
| <b>TO BE COMPLETED BY LICENSURE STAFF</b>   |                  |
| Approved: _____ Date: _____   |                  |
| c: Facility File    Facility Manager    KDHE Regional Manager    KDOA    SRS  |                  |

## REQUEST FOR CHANGE IN MEDICARE DISTINCT PART

|  |                           |
|--|---------------------------|
| FACILITY (Name & Address)  | PROVIDER NO.              |
| TYPE OF CHANGE(S)<br><b>G</b> Increase from _____ beds to _____ beds<br><b>G</b> Decrease from _____ beds to _____ beds<br><b>G</b> Change in Location<br><b>G</b> Increase from distinct part to entire facility of _____ beds  | EFFECTIVE DATE OF CHANGE: |
| IDENTIFICATION OF DISTINCT PART (List room numbers and number of beds in each room)  |                           |
| Please attach a simple floor plan showing the location of the above-listed rooms. A Medicare distinct part must be an <b>IDENTIFIABLE UNIT</b> (e.g., a floor, a wing, one side of a corridor, the end of a wing, etc.). Rooms must be contiguous to one another and may not be scattered. |                           |
| INTERMEDIARY<br><b>G</b> Blue Cross of Kansas <b>G</b> Mutual of Omaha <b>G</b> Other (Specify):<br>_____  |                           |
| SUBMITTED BY: (Name & Title)   | DATE:<br>_____            |
| TO BE COMPLETED BY STATE AGENCY  |                           |
| Approved: _____ Date: _____  |                           |